



**CITY OF PALM SPRINGS  
ADMINISTRATIVE REVIEW  
CONTEST OF PARKING CITATION**

**MAIL THIS FORM TO:**  
Citation Processing Center – City of Palm Springs  
P.O. Box 11024 | Newport Beach, CA 92658-5016  
(800) 989-2058 | www.CitationProcessingCenter.com

This is a request for a parking citation review only. Submittal of this request does not mean your parking ticket will automatically be dismissed. This form will be carefully reviewed and a decision will be mailed to the name and address listed below. Please be advised of the following:

- You have **fourteen (14) days** from the original citation date to complete this review form.
- You are responsible to pay for the citation within **twenty-one (21) days** of citation date or risk paying a late fee and/or a DMV registration hold being placed on your vehicle.
- You **must attach photocopies** of the following documents with this review form:
  - 1) Current driver’s license issued to person cited
  - 2) Citation received
  - 3) Current vehicle registration certificate

**Do Not** send originals documents with the review.
- If the citation was issued for failure to display a Disabled Person Placard, you **must also submit photocopies** of:
  - 1) DMV placard issued to the disabled person
  - 2) DMV Disabled Person Placard Identification Certificate/Receipt.
- **Do not** send cash or other forms of payment with this review form – Official Courtesy Notice is mailed out to you separately
- Sign and date this form

**Please print clearly and legibly in ink.**

**Failure to provide required information may prevent the completion of the citation appeal process.**

Parking Citation # \_\_\_\_\_ Date of Citation \_\_\_\_\_ Vehicle License Plate # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

Please state the facts surrounding the issuance of this citation as you understand them, and your reasons for believing this parking citation should be dismissed. Use back of form or attach more sheets if necessary.

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*I certify all information given is true and accurate. Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

**\*\*\* FOR PARKING SERVICES PERSONNEL ONLY \*\*\***

Date Received \_\_\_\_\_ Decision: \_\_\_\_\_ Upheld \_\_\_\_\_ Dismissed \_\_\_\_\_ Bail Amount: \_\_\_\_\_  
 Reviewed by \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Comments: \_\_\_\_\_  
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